



## Employee Needs Assessment<sup>1</sup>

### Concerns and Perspectives

1. How often do you feel you are successfully balancing work/family commitments? (Please circle the appropriate response.)

- a. Always      b. Most of the time      c. Some of the time      d. Rarely      e. Never

2. To what extent do you believe your ability to balance your work/family responsibilities affects the following work issues? (Please circle the appropriate response following each issue.)

a. Punctuality	very little	1	2	3	4	5	very much
b. Productivity	very little	1	2	3	4	5	very much
c. Morale	very little	1	2	3	4	5	very much
d. Absenteeism	very little	1	2	3	4	5	very much
e. Quality of work	very little	1	2	3	4	5	very much
f. Likelihood of quitting job	very little	1	2	3	4	5	very much
g. Likelihood of being fired	very little	1	2	3	4	5	very much
h. Other, please explain							

3. Does your current work environment have a positive, negative, or neutral impact on your ability to balance work/family responsibilities? (Please circle the appropriate response.)

- a. Positive      b. Negative      c. Neutral

4. Do you believe that your employer is aware of your needs when it comes to work/family concerns? (Please circle the appropriate response.)

- a. Yes      b. No

### Child Care Issues

**If you do not currently have any children 18 years or younger, skip to question 24.**

5. How many children do you currently have in the following age groups?

# of children

- a. \_\_\_\_\_ infants (newborn – 18 months)  
b. \_\_\_\_\_ toddlers (18 months – 3 years)  
c. \_\_\_\_\_ preschool (3 years – 5 years)  
d. \_\_\_\_\_ kindergarten (5 years – 6 years)  
e. \_\_\_\_\_ elementary (6 years – 12 years)  
f. \_\_\_\_\_ teenagers (13 years – 18 years)

6. Over the last 12 months, have you needed child care for any of your children while at work? (Circle your response.)

a. Yes                      b. No

7. Check all the kinds of care needed by your children over the past 12 months while you worked.

<input type="checkbox"/> Full-day care	<input type="checkbox"/> Back-up or emergency care
<input type="checkbox"/> Half-day care	<input type="checkbox"/> Sick care
<input type="checkbox"/> Before/after school care	<input type="checkbox"/> Full-day care (summers only)
<input type="checkbox"/> Night or weekend care (while parents work)	<input type="checkbox"/> Half-day care (summers only)
	<input type="checkbox"/> Other(explain)_____

8. Check all the ways in which care was provided for your children.

☐ Relative in our home  
☐ Non-relative in our home  
☐ In relative's home  
☐ Child Care Center  
☐ Family Child Care Home  
☐ Other (describe)\_\_\_\_\_

9. Did you get all the child care you needed in the past 12 months? (Circle your response.)

a. Yes                      b. Some                      c. No

10. If you couldn't get all the child care you needed, please explain why. (Check all that apply.)

☐ The cost of care was too high.  
☐ Couldn't find anyone to care for my children.  
☐ Care was too far away.  
☐ My child has special needs that couldn't be accommodated.  
☐ Care wasn't available when I needed it.  
☐ Other (explain)\_\_\_\_\_

11. Please circle the number following each item below according to what concerns you most about your child care situation.

a. Finding care that meets my hours	least	1	2	3	4	5	most
b. Being able to afford the care I want	least	1	2	3	4	5	most
c. Reliability of my caregiver(s)	least	1	2	3	4	5	most
d. Quality of the child care environment	least	1	2	3	4	5	most
e. Finding a convenient location	least	1	2	3	4	5	most
f. Safety issues	least	1	2	3	4	5	most
g. Trying to make emergency arrangements	least	1	2	3	4	5	most
h. Other, please explain_____							

12. About how many total hours per week are your children in child care? \_\_\_\_\_
13. What is the average amount per week that you pay in child care? \_\_\_\_\_
14. Do you have backup child care when your regular care is unavailable? (Circle your response.)
- a. Always                      b. Usually                      c. Sometimes                      d. Never
15. Where are your current child care arrangements located? (Circle your response.)
- a. Close to home              b. Close to work              c. Close to both              d. Away from both
- e. Other, please explain \_\_\_\_\_
16. Check all of the following options that you currently need or will need in the near future:
- |   |   |
|---|---|
| <input type="checkbox"/> care close to home     | <input type="checkbox"/> licensed day-care home   |
| <input type="checkbox"/> care close to work     | <input type="checkbox"/> care for early mornings  |
| <input type="checkbox"/> special needs care     | <input type="checkbox"/> care for evenings/nights |
| <input type="checkbox"/> affordable care        | <input type="checkbox"/> 24 hours care            |
| <input type="checkbox"/> care for sick children | <input type="checkbox"/> care on weekends         |
| <input type="checkbox"/> summer camp            | <input type="checkbox"/> emergency back-up care   |
| <input type="checkbox"/> vacation programs      | <input type="checkbox"/> all day pre-school       |
| <input type="checkbox"/> recreation programs    | <input type="checkbox"/> after school program     |
| <input type="checkbox"/> bilingual care         | <input type="checkbox"/> before school program    |
17. Have you limited your work hours because they can't find adequate child care? (Circle your response.)
- a. Yes                      b. No
18. Do you often worry about your children at home alone after school? (Circle your response.)
- a. Yes                      b. No
19. Have you had to take time off from work because of problems with child care? (Circle your response.)
- a. Yes                      b. No

20. Listed below are a number of ways that businesses can help employees with their child care problems. Check all options that you think this business should consider.

- ☐ Free lunch-time seminars on parenting and child care
- ☐ Provide information on local child care homes and centers
- ☐ Job sharing – two employees “share” a full-time position
- ☐ Allow employees time off from work following childbirth
- ☐ Flex-time – adjusted arrival and departure times to meet family’s schedule
- ☐ Allow employees to use paid sick leave to care for sick children
- ☐ Child care program for children who are mildly ill or recovering from an illness
- ☐ Child care center for children of employees at or near your work site
- ☐ Financial support for child care as part of the benefits package
- ☐ IRS-approved plan to pay for child care with pre-tax dollars
- ☐ Child care program before and after school hours and on school holidays and vacations
- ☐ Spaces reserved in a child care center or home for employees’ children
- ☐ Employees receive a discount on the regular fee charged for child care at a center or home

21. Which of the above 3 child care options are the most important to you?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## Demographics

22. Age \_\_\_\_\_

23. Gender \_\_\_\_\_

24. Zip code of home address \_\_\_\_\_

25. Marital Status (Circle your response.)

- |                               |                       |
|-------------------------------|-----------------------|
| a. Married or living together | b. Divorced/separated |
| c. Single                     | d. Widowed            |

26. Total Family Income \_\_\_\_\_

27. Please list any other concerns or comments about child care.

<sup>1</sup> Adapted from the Work and Family Needs Assessment developed by The Work Options Groups and published in *Family Friendly Policies. . . Good For Your Business, Your Employees, & The Children in Your Community Resource Guide*, Bright Beginnings, Denver, Colorado, 1996. Reprinted with permission.